PW01-73 - THE IMPACT OF ETHNICITY AND LANGUAGE NEEDS ON DURATION OF ADMISSION TO A PSYCHIATRIC INPATIENT UNIT

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Introduction: Language is the main investigative and communicative tool in psychiatry and adequate understanding of language is essential for thorough assessment by the clinician, and for patient satisfaction. Interference with communication impairs our ability to assess a patient comprehensively. In a Department of Health survey of British Asians in hospital, more than half had experienced difficulties in communication and reported dissatisfaction with existing interpretation services.

Aims/objectives: Audit whether language needs and Ethnicity are addressed in an adult inpatient sample and evaluate consequent impact on hospital admission duration.

Method: Casenotes of patients, who were identified as having language needs, were audited against National Institute for Mental Health in England(NIMHE) standards for the provision of an interpreter at every medical review(standard=100%). Electronic patient data was analysed for recording of ethnicity, language, admission duration and demographic data.

Results: Sample size 3028. 3028(100%) had ethnicity recorded and 1434(47%) had spoken language recorded.Of 23 case notes audited, an interpreter was present on 28.3% of occasions. White British patients had average admission durations of 39.8 days compared to 53.7 days in Black/minority ethnic groups(BME). English speaking patients spent 43.4 days in hospital compared to 74.9 days for non-English speaking patients. BME/Non-English speaking patients spent 78.8 days in hospital compared to 42.1 days for English speaking/White British patients.

Conclusions: The study highlights an immediate need for addressing language/interpretation services within the trust. The implications of longer hospital admission duration on service user experience/dissatisfaction with services and financial implications for the Trust are evident. Further training for staff in cultural awareness and documentation of needs has been recommended.